

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004458	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/24/2014
NAME OF PROVIDER OR SUPPLIER SETTLERS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 MONROE ST LA PORTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on October 23, 2014.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00161413.</p> <p>Survey date: December 24, 2014</p> <p>Facility number: 004458 Provider number: 004458 AIM number: N/A</p> <p>Survey team: Yolanda Love, RN-TC</p> <p>Census bed type: Residential: 24 Total: 24</p> <p>Census payor type: Other: 24 Total: 24</p> <p>Sample: 5</p> <p>Settlers Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on December 29, 2014, by Janelyn Kulik, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE